

DMHMRS TRAINING EVENT EVALUATION FORM

Title

Date

Duration

Location

OBJECTIVES

I achieved each of the following objectives	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
1.	4	3	2	1	n/a
2.	4	3	2	1	n/a
3.	4	3	2	1	n/a
4.	4	3	2	1	n/a
5.	4	3	2	1	n/a
6.	4	3	2	1	n/a

PRESENTER(S)

<i>Name and Title of presenter #1</i>	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable	<i>Name and Title of presenter #4</i>	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Well prepared	4	3	2	1	n/a	Well prepared	4	3	2	1	n/a
Knowledgeable of subject	4	3	2	1	n/a	Knowledgeable of subject	4	3	2	1	n/a
Responsive to questions	4	3	2	1	n/a	Responsive to questions	4	3	2	1	n/a
<i>Name and Title of presenter #2</i>						<i>Name and Title of presenter #5</i>					
Well prepared	4	3	2	1	n/a	Well prepared	4	3	2	1	n/a
Knowledgeable of subject	4	3	2	1	n/a	Knowledgeable of subject	4	3	2	1	n/a
Responsive to questions	4	3	2	1	n/a	Responsive to questions	4	3	2	1	n/a
<i>Name and Title of presenter #3</i>						<i>Name and Title of presenter #6</i>					
Well prepared	4	3	2	1	n/a	Well prepared	4	3	2	1	n/a
Knowledgeable of subject	4	3	2	1	n/a	Knowledgeable of subject	4	3	2	1	n/a
Responsive to questions	4	3	2	1	n/a	Responsive to questions	4	3	2	1	n/a

CONTENT

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Written description consistent with actual presentation	4	3	2	1	n/a
Relevant to my needs	4	3	2	1	n/a
Length of time suitable	4	3	2	1	n/a
Level appropriate for my knowledge base	4	3	2	1	n/a
Handouts useful	4	3	2	1	n/a

FACILITY

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Location easy to access	4	3	2	1	n/a
Room conducive to learning	4	3	2	1	n/a
Facility staff helpful	4	3	2	1	n/a

*Please complete both sides of this evaluation form

OVERALL

Please rate the following	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Pre-registration process was organized and efficient	4	3	2	1	n/a
On-site registration process was organized and efficient	4	3	2	1	n/a
Session met my overall expectations	4	3	2	1	n/a
Would recommend this session to others	4	3	2	1	n/a

Describe the most helpful aspects of this session

Please share any suggestions for improving this session

Please list topics for future trainings you would like to attend

DEMOGRAPHICS

Please check your primary function as related to this training event—check only one	Please check your agency –check only one
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Administrator/Manager <input type="checkbox"/> Advocate <input type="checkbox"/> Alcohol & Drug Counselor <input type="checkbox"/> Certified Case Manager <input type="checkbox"/> Consumers <input type="checkbox"/> Data/Info System Specialist <input type="checkbox"/> Direct Support Professional <input type="checkbox"/> Educator <input type="checkbox"/> Family Member <input type="checkbox"/> Financial Manager <input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Nursing </div> <div style="width: 48%;"> <input type="checkbox"/> Nursing Home Administrator <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Professional Art Therapist <input type="checkbox"/> Professional Counselor <input type="checkbox"/> Recreational Therapist <input type="checkbox"/> Rehabilitation Counselor <input type="checkbox"/> Self Advocate <input type="checkbox"/> Speech-Language Pathologist and Audiologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Advocacy Group <input type="checkbox"/> College/University <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> Private Provider-<i>Community Based</i> <input type="checkbox"/> Private Provider-<i>Hospital</i> <input type="checkbox"/> School-<i>Local District</i> <input type="checkbox"/> State Government-<i>Central Office</i> <input type="checkbox"/> State Government-<i>Local Office</i> <input type="checkbox"/> State Operated Facility <input type="checkbox"/> Other <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <div style="width: 48%;"> <p>Please give name of agency</p> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> </div>

COMMENTS